



**CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT, 40621-0001**



DEPARTMENT FOR MEDICAID SERVICES
"An Equal Opportunity Employer M/F/D"

December 5, 2003

**Model Waiver II
Transmittal # A-8**

Dear Model Waiver II (MWII) Provider:

In an effort to aid MWII providers in meeting their timeframes, effective December 15, 2003 the Department for Medicaid Services (DMS) will no longer require that an MWII provider submit the Level of Care Confirmation Notice with the packet when requesting prior authorization for services. All packets require submittal to the Peer Review Organization (PRO) within fourteen (14) calendar days of receiving the department's verbal approval of nursing facility level of care. Any prior authorization (PA) request packet received outside the fourteen (14) day timeframe will have a PA start date reflective of the date the packet is received. Services provided prior to receipt of the packet will not be reimbursable. For example, a provider receives verbal level of care confirmation on May 1st, the packet is due to the PRO by May 15th. If the packet arrives to the PRO on May 20th any services provided between expiration of the previous level of care and May 20th will **NOT** be prior authorized and therefore are **NOT** reimbursable.

An MWII provider may request an MWII recipient's recertification up to twenty-one (21) days prior to the end of the current certification. It is imperative that all MWII providers conduct reassessments to obtain the verbal level of care certification as early in this window as possible. Often when a reassessment is conducted late within the twenty-one (21) days it presents a hardship on the recipient whose services may be interrupted. DMS urges all MWII providers to fully utilize this twenty-one (21) day window.

As is current policy, any packets received more than sixty (60) calendar days after the date of the initial assessment shall be returned unreviewed and new assessment shall be required. This is to ensure the medical documentation is appropriate and accurately reflects the individuals current medical condition.

"...promoting and safeguarding the health and wellness of all Kentuckians."



Should you have any questions regarding this change in procedure, please feel free to contact Mr. Benjamin Sweger, Director, Division of Long Term Care and Disability Services. Mr. Sweger may be reached at (502) 564-7540.

Sincerely,

A handwritten signature in cursive script that reads "Mike Robinson".

Mike Robinson
Commissioner

MR/KER